

North Carolina Jail Diversion Report

2003-2004

I. The North Carolina Jail Diversion Initiative

In 1999, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Mental Health Services published a request for proposals (RFP) for funding to implement jail diversion initiatives. The Division of MH/DD/SAS applied for and received this grant to implement jail diversion programs throughout North Carolina. The Division of MH/DD/SAS selected twelve area programs to participate in this initiative, and allocated a total of \$715, 042 to them in FY 2003-2004.

Because no specific model of jail diversion had emerged as a preferred or best practice, the area programs were given latitude to develop models of jail diversion that best fit with their systems of care. Four primary models emerged: Mental Health Courts, Intensive Case Management, Assertive Community Treatment Teams, and a Treatment Alternatives for Safer Communities (TASC) care management model. All models have the primary goal and mission to divert people with mental illness from the criminal justice system into appropriate mental health treatment in the community.

Key Findings:

- ✚ The jail diversion program diverted 210 people with mental illness from jail into mental health treatment in the community.
- ✚ The majority (72%) of clients in jail diversion programs have severe and persistent mental illness and co-occurring substance abuse disorders (SPMI/SA).
- ✚ Global Assessment of Functioning (GAF) scores showed modest increases over time, indicating improved functioning.
- ✚ Clients in jail diversion programs moved to more independent and desirable living situations over time in the program.
- ✚ Substance abusing clients who achieved abstinence tended to do so within the first three months of treatment.
- ✚ Contrary to expectations, admissions to psychiatric inpatient facilities were not significantly reduced.
- ✚ Admissions to substance abuse facilities were much higher than before these clients' involvement in jail diversion programs.

II. Demographics of the Clients in the Jail Diversion Initiative

This section of the jail diversion report describes who is served by the jail diversion initiative.

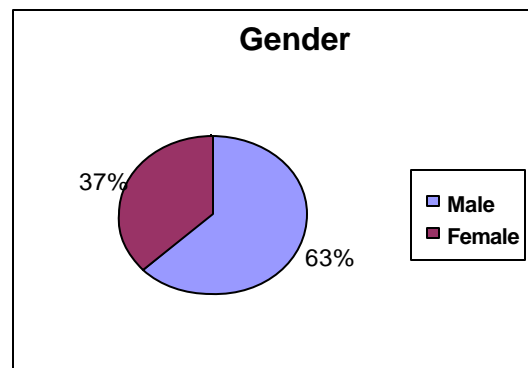
Methodology:

Demographic information was obtained from the Client Outcomes Inventory (COI) data submitted by area programs on clients participating in the jail diversion initiative. These data were linked to and enriched with data from the Client Data Warehouse (CDW). The results in this report reflect only data reported and contained in these databases as of mid-June 2004.

The jail diversion COI database contained data on the 210 clients who participated in the jail diversion initiative. The results are as follows.

Gender:

More males than females participate in jail diversion programs. However, there is an overwhelming preponderance of males in our correctional system – between 87% and 92% of detainees were male in the three jails for which we had data. Therefore, females are disproportionately selected to participate in these jail diversion programs. The following graph shows the proportion of each gender in the jail diversion client population.



Race / Ethnicity:

Examining race and ethnicity of a jail diversion population can help determine if jail diversion exacerbates the racial disparity that exists in our correctional system. Only one study has specifically addressed this issue (Luskin, 2001¹). It found that there is a bias for age and gender, but not for race.

Of the 95 jail diversion clients for whom race / ethnicity was reported in the CDW, 59 are White, 33 are Black, 1 was Asian, and 1 was reported as "other." Ethnicity was reported separately from race, and one Hispanic person was reported.

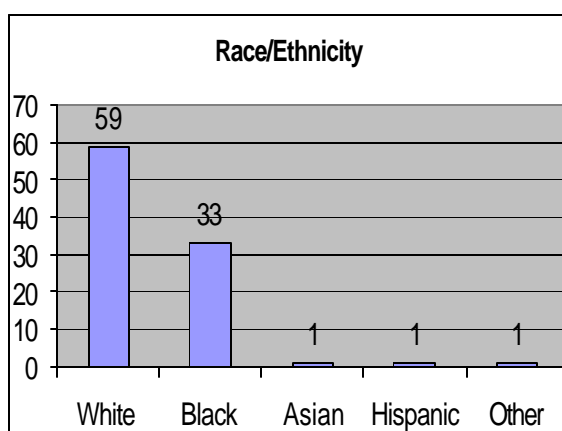
These data indicate that the racial / ethnic composition of clients in jail diversion programs closely reflects the racial composition of clients in the public MH/DD/SAS.

Determining if jail diversion in North Carolina exacerbates racial disparities in our jails requires a comparison of the racial composition

¹ Luskin, Mary. (2001). "Who is diverted? Case selection for court-monitored mental health treatment." *Law & Policy*, 23 (2), 217-234.

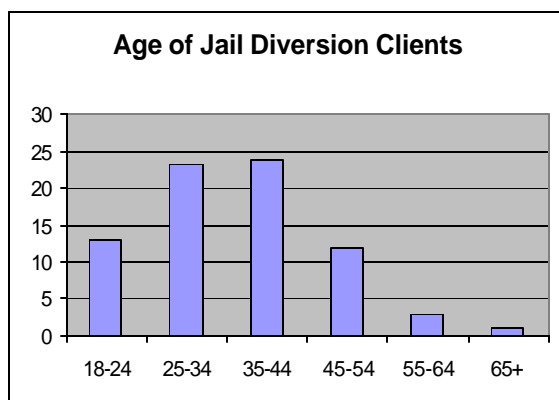
of the jails to that of the clients in jail diversion programs.

Demographic data was available in only a few jails served by jail diversion. However, the racial composition in a couple of those jails was almost 90% Black. These data suggest that jail diversion programs may exacerbate racial disparities in some North Carolina jails where extremely high racial disparities currently exist.



Age of Jail Diversion Clients:

Ages were available on 76 jail diversion clients. The chart below indicates their age distribution.



Diagnostic Categories:

Researchers examining the diagnoses of people in jail diversion programs found that they have a very high incidence of co-occurring substance abuse – approximately 72%, according to the GAINS Center (2001)². The North Carolina jail diversion data were examined to determine what portion of these clients had serious and persistent mental illness (SPMI), substance abuse or dependence problems (SA), or both (SPMI/SA).

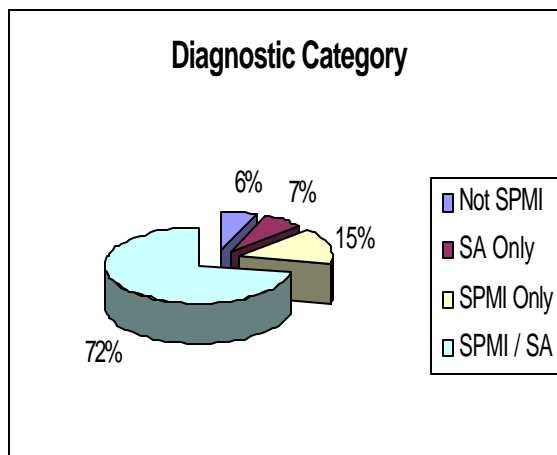
Specific diagnostic information was not routinely collected on jail diversion clients. Therefore, COI data fields were used to determine if clients had SPMI and/or substance abuse problems. The COI data field designating clients as SPMI was used, as were the substance abuse fields indicating a client engaged in heavy alcohol use, or had used illicit drugs. Clients indicating they'd engaged in regular alcohol use were not considered to be substance abusers.

Further analysis was performed on the clients designated not SPMI / not SA. CDW data on a sample of 20 of these clients indicated that all of them suffered some form of mental illness, and half of these had a substance abuse or dependence diagnosis. In addition, CDW data

² National GAINS Center for People with Co-occurring Disorders in the Justice System (2001). "The prevalence of co-occurring mental illness and substance use disorders in jail." Fact Sheet Series: Delmar, NY.

examined on 28 clients designated SPMI only found that 75% of these clients had substance abuse problems that were not reflected in their COI data.

Extrapolating from these post hoc analyses, the actual incidence of SPMI/SA among this population is 72% - the same incidence of co-occurring mental illness and substance abuse in a jail diversion population reported by the GAINS Center study. The results of this analysis are displayed in the following chart:



Other Variables:

Data on the criminal charges and violent nature of jail diversion clients' charges were unavailable, and clients' legal charges are very likely to affect decisions to divert or prosecute. Nonetheless, these demographic data provide a preliminary step towards answering the question, "Who gets diverted and who doesn't?"

III. Outcomes:

Perhaps the most important outcome of the jail diversion initiative is that 210 people with mental illness were diverted from the criminal justice system into mental health treatment in the community.

However, releasing a person with mental illness from jail will have little effect on his or her outcomes, unless the individual is provided adequate and appropriate services and supports to maintain him or her in the community. Therefore, outcomes of clients in jail diversion programs depend on what they are diverted to. If the services they receive are poor, clients' outcomes will be, too. If they are good, then good outcomes should follow.

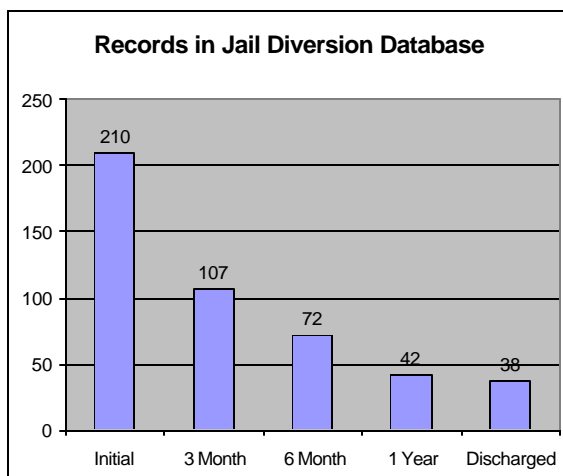
Outcomes were gathered by administering the COI to all jail diversion clients on the following schedule:

- At intake
- At three months
- At six months
- Annually
- Every year thereafter
- At discharge from the program

The specific outcomes that were examined included changes in:

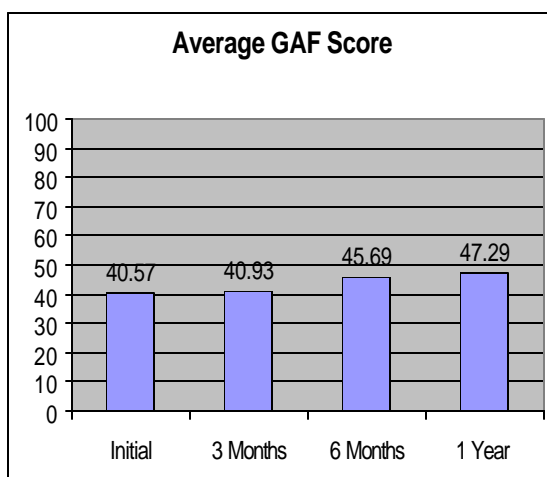
- Global Assessment of Function (GAF) scores.
- Substance use / abuse
- Housing status
- Employment status
- Re-arrests
- Hospital admissions
- Engagement in treatment

The number of records for each data collection period is as follows:



GAF Scores:

GAF scores were examined on all jail diversion clients. The GAF scores on clients participating in the jail diversion program at the different data collection points were as follows:



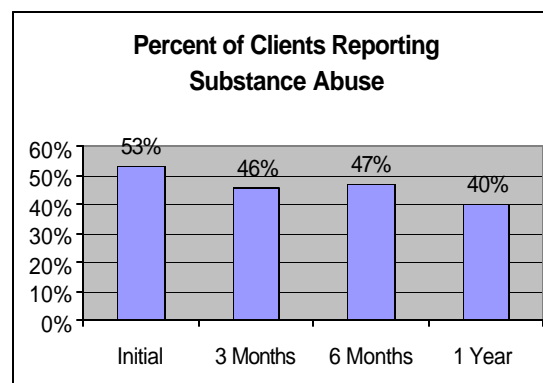
As indicated in the graph above, these data show a modest increase in GAF scores overtime, indicating slight improvement in functioning occurs over time, with the greatest

improvement occurring between three and six months of the clients' enrollment in the jail diversion program.

The modest increase in GAF scores was expected. There is evidence that GAF scores are not sensitive indicators of outcomes for people with co-occurring disorders (Moos, McCoy, & Moos, 1999).³ Other measures of treatment outcome may better reflect true changes in jail diversion clients' lives.

Substance Abuse:

Substance abuse was measured by clients' self report of substance use on the COI. We examined the extent to which clients reported engaging in illicit substance use or heavy alcohol use. The results over time are shown below:

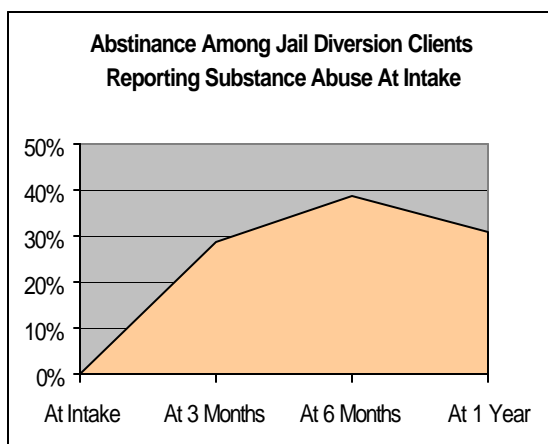


These results suggest that clients in jail diversion programs who remain in treatment for at least a

³ Moos, R., McCoy, L., & Moos, B. (1999). "GAF scores do not predict substance abuse patients' 1-year treatment outcomes." *Queri Quarterly*, 1 (3), 2-3.

year are somewhat less likely to abuse substances.

The effects of participation in the jail diversion program on substance abuse can be seen by examining the extent to which clients reporting substance abuse at intake reported abstinence following their intake into the jail diversion program.



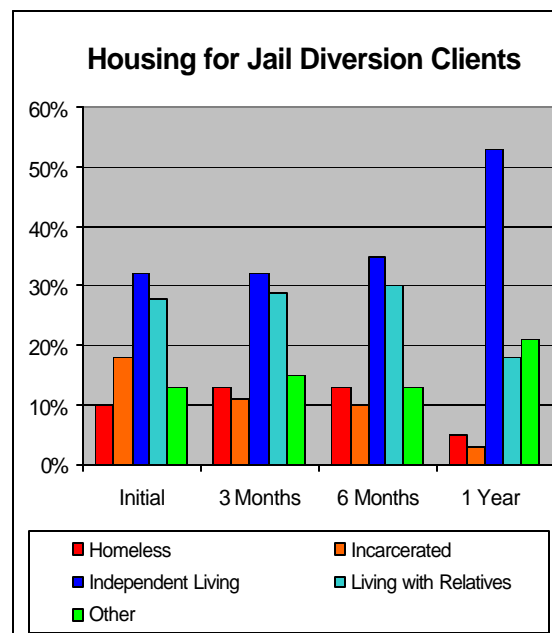
The greatest increase in abstinence among substance abusers occurred within 3 months, but only slight improvement in abstinence beyond those gains was apparent after a year of treatment.

- At 3 months, 29% of clients substance abusing at intake reported abstinence
- At 6 months, 39% reported being abstinent
- At 1 year, 31% said they no longer abused substances

The reason for the decrease in rates of abstinence following a year of treatment is unclear.

Housing Status:

Clients remaining in jail diversion programs over time tend to move into more desirable and less restricted settings.⁴

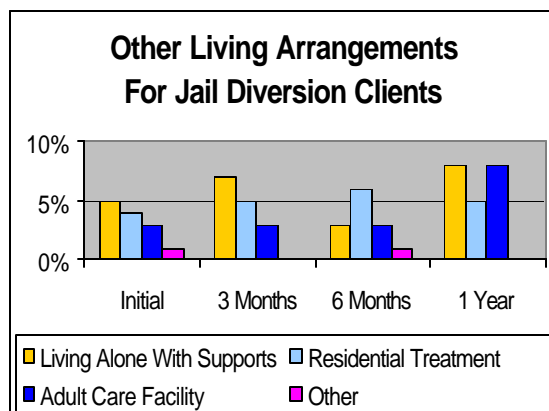


This chart shows that only 32% of clients were in independent living at intake, but more than half (53%) of the clients remaining in the program for a year were living independently. While 18% of jail diversion clients are incarcerated at intake, only 2% of them are incarcerated after a year of their involvement with the jail diversion program.

A small number of jail diversion clients lived in alternate housing

⁴ The category labeled "Other" includes nursing homes, residential treatment facilities, adult care homes, living alone with supports, foster homes, and institutions.

arrangements. Those alternate housing arrangements are shown in the chart below:⁵



Jail diversion clients were asked if they were living in their residence of choice and in a setting that maximizes their independence. The results for each of the data collection periods are as follows:

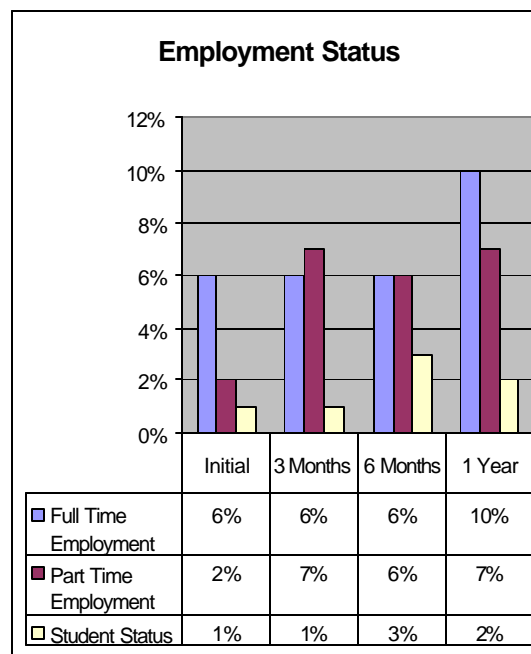


Initial COIs were administered to most clients following their release from jail, so these data greatly understate their movement to residences of their choice in settings that maximize their independence.

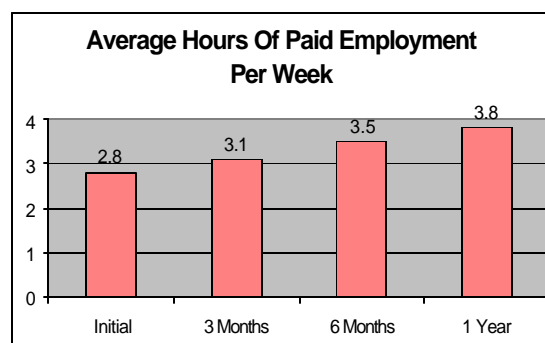
⁵ The "Other" category on this chart includes one client in foster care at intake, and a client institutionalized at 6 months and at discharge.

Employment:

Jail diversion clients are among the most disabled: 87% have SPMI, and 83% of those clients have a co-occurring substance abuse disorder. Employment is not a realistic option for many in this client population, at least not in the early stages of their recovery. The employment outcomes reflect this reality.



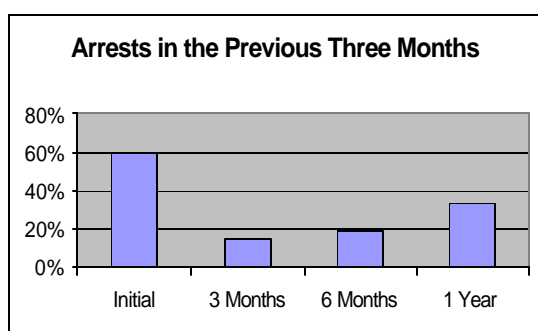
The average hours of paid employment per week also reflect the extent to which these clients are often unable to work or to find work.



As the chart on the previous page demonstrates, this trend appears slightly more positive for clients remaining in jail diversion programs over time.

Re-Arrest Rates:

Many jail diversion clients have long histories of legal problems, and are at high risk for re-arrest. The following chart shows the rate at which clients in jail diversion programs were re-arrested for all crimes, including for Driving While Impaired (DWI).

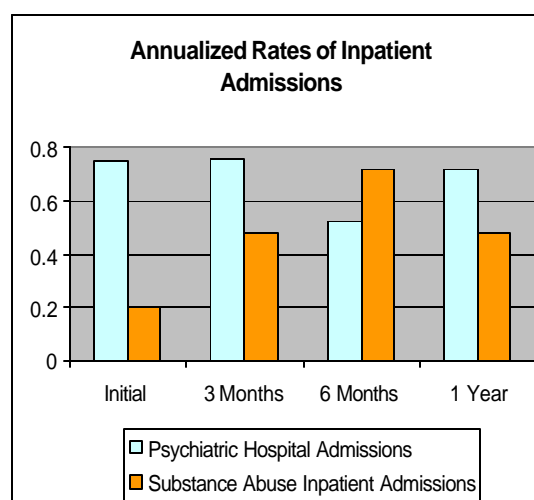


These data show that, although most clients avoid re-arrest over their first year of treatment, there is an increasing likelihood of re-arrest over the period of their involvement in the jail diversion program. This pattern of escalating re-involvement with the criminal justice system following release from incarceration may be common in offenders with co-occurring mental illness and substance abuse.⁶

⁶ Hartwell, S. (2004). "Comparison of offenders with mental illness only and offenders with dual diagnoses." *Psychiatric Services*, 55 (2), 145-150.

Psychiatric and Substance Abuse Inpatient Admissions:

In order to provide a consistent metric for comparing psychiatric and substance abuse inpatient admissions across data collection periods of differing lengths, the annual average rates of inpatient admissions were calculated for each of these data collection periods. The results are as follows:



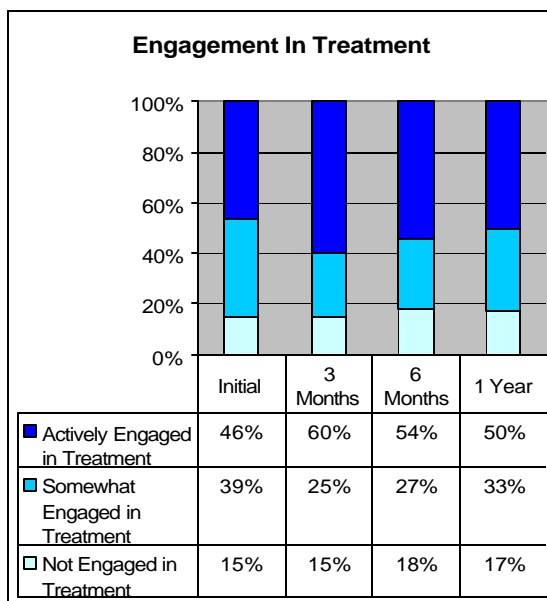
These results are both surprising and disappointing, given the demonstrated success of integrated treatment approaches in reducing psychiatric hospitalizations by a third in people with SPMI/SA.⁷

The increased inpatient substance abuse admissions over time may reflect increased engagement and progress in treatment among these substance abusing clients.

⁷ Lysterly, S. & Kurtz, R. (2001). "Outcomes of integrated treatment on a North Carolina population of mentally ill and substance abusing clients." Unpublished study.

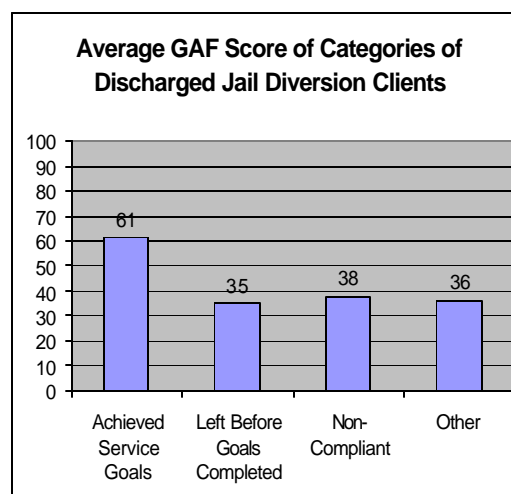
Engagement in Treatment:

The chart below demonstrates that engagement in treatment tends to peak at 3 months, and wane over time.



As expected, clients discharged after achieving their treatment goals had much better outcomes compared to clients discharged before completing their treatment goals, due to non-compliance with treatment, or for other reasons.

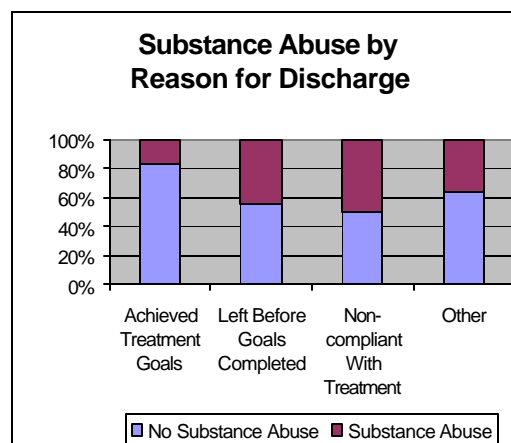
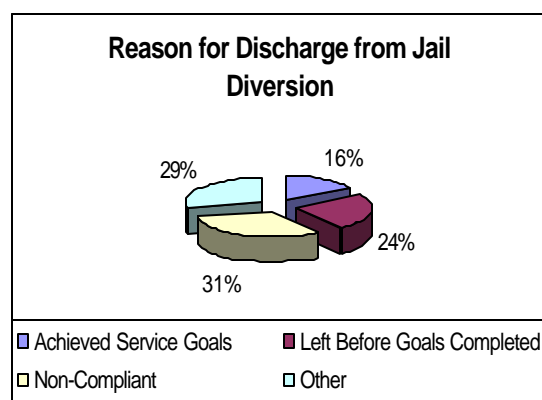
The GAF scores for clients who had achieved their treatment goals were markedly higher.



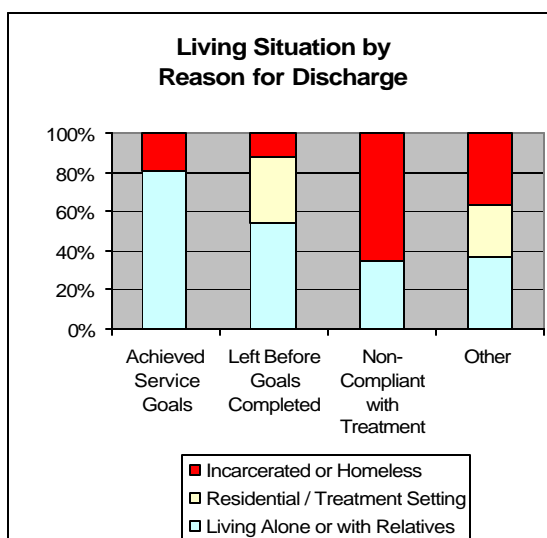
Discharges From Jail Diversion:

Clients were discharged from jail diversion programs for a variety of reasons - some because they successfully completed treatment and others because they were non-compliant or unsuccessful.

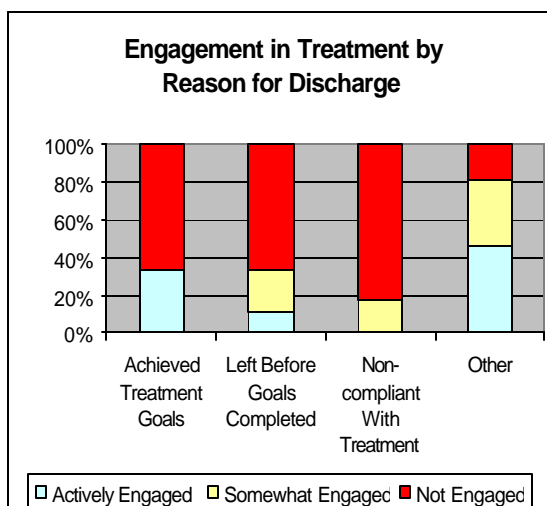
These successful clients were also much more likely to abstain from substance abuse.



In addition, their living situations were significantly more positive than clients discharged for other reasons.



In contrast, clients discharged for non-compliance are at greater risk of homelessness or incarceration, and substance abuse. They were also the least engaged in treatment.⁸



Effectively engaging these vulnerable, at-risk, but non-compliant clients in treatment is perhaps the greatest challenge to working with this population.

⁸ Lack of engagement in treatment among clients who had achieved their treatment goals is most likely due to their no longer needing treatment.

Summary and Conclusions:

Good research often leads to a better quality questions, and many additional questions were raised by these findings. Further research is needed to determine:

- ✚ If jail diversion exacerbates racial disparities in some jails.
- ✚ If various models of jail diversion have differing effects on client outcomes.
- ✚ If services that SPMI / SA clients receive are consistent with the integrated treatment approach found to be most effective with these clients, and if a lack of this treatment accounts for the lack of effect of jail diversion programs on psychiatric hospitalizations.
- ✚ If the increase in substance abuse inpatient admissions reflects an increased engagement in treatment.
- ✚ If jail diversion programs are cost effective.
- ✚ What differentiates clients who succeed from those who fail in treatment, and what are the reasons for their success and failure?

These questions will help direct our future research on how best to support these most challenging clients in the community.